

**Amendments to the Claims:**

The listing of claims will replace all prior versions, and listings, of claims in the application:

**Listing of Claims:**

Claim 1 (previously presented): A computing device for location proximal to a waiting area of a hospital emergency room and for intake of a patient in said hospital emergency room comprising:

    a touch-screen operable to receive input by allowing said patient to depress active portions along the surface of said touch-screen, said touch screen further operable to display information to said patient;

    said computing device further comprising a set of headphones connected to said computing device for presenting audio output to said patient;

    and wherein said computing device is configured to receive an identification of said patient and a preferred language of said patient, and further operable to present on said touch screen at least one main question and a plurality of dependent questions presented based on a response to said main question and responses to previous dependent questions, said questions presented in said preferred language of said patient, said questions pertaining to an intake procedure of said patient to said hospital, said device further operable to receive responses to each of said questions by touch screen input from said patient, said device further operable to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient.

Claim 2 (previously presented): The device of claim 1 wherein said computing device is attachable to a printing device local to said computing device and wherein said report is generated at said printing device.

Claim 3 (previously presented): The device of claim 1 wherein said computing device is connected to an intake server via a network, and wherein said report is delivered to said intake server.

Claim 4 (previously presented): The device of claim 3 wherein said intake server is attachable to a printing device local to said intake server and wherein said report is generated at said printing device.

Claim 5 (previously presented): The device of claim 3 wherein said intake server is connected to a plurality of treatment room client computing devices via said network, and wherein said treatment room clients include an output device.

Claim 6 (previously presented): The device of claim 1 wherein said device is mounted within the housing of a kiosk.

Claim 7 (previously presented): The device of claim 1 wherein said device is a stand-alone personal computer.

Claim 8 (currently amended): In a computing device for location proximal to a waiting area of a hospital emergency room comprising a touch-screen operable to receive input by allowing depression of active portions along the surface of said touch-screen, said touch screen further operable to display information, a method for intake of a patient in said hospital emergency room comprising the steps of:

receiving input from said touch screen representing a preferred language of said patient;

receiving input from said touch screen representing an identification of said patient;

presenting an intake question to said patient on said touch-screen;

receiving response input from said touch screen representing a response to said intake question;

repeating said presenting of ~~said intake question~~ and said receiving response input of ~~said response~~ steps based on responses to previous intake questions until a desired number of intake question responses have been received; and

generating an intake report in a preferred language of a hospital staff member responsible for further intake of said patient.

Claim 9 (previously presented): The method of claim 8 wherein said computing device is attachable to a printing device local to said computing device and wherein said report is generated at said printing device.

Claim 10 (previously presented): The method of claim 8 wherein said computing device is connected to an intake server via a network, and wherein said report is delivered to said intake server.

Claim 11 (previously presented): The method of claim 10 wherein said intake server is attachable to a printing device local to said intake server and wherein said report is generated at said printing device.

Claim 12 (previously presented): The method of claim 10 wherein said intake server is connected to a plurality of treatment room client computing devices via

said network, and wherein said treatment room clients include an output device, said intake server operable to determine an available one of said treatment rooms and to direct said report to said treatment room client computing device respective to said available one.

Claim 13 (previously presented): The method of claim 8 wherein said computing device is mounted within the housing of a kiosk.

Claim 14 (previously presented): The method of claim 8 wherein said computing device is a stand-alone personal computer.

Claim 15 (currently amended): A computer readable media for storing programming instructions for use with a computing device for location proximal to a waiting area of a hospital emergency room comprising a touch-screen operable to receive input by allowing depression of active portions along the surface of said touch-screen, said touch screen further operable to display information, and a method for intake of a patient in said hospital emergency room comprising the steps of:

- receiving input from said touch screen representing a preferred language of said patient;

- receiving input from said touch screen representing an identification of said patient;

- presenting an intake question to said patient on said touch-screen;

- receiving response input from said touch screen representing a response to said intake question;

- repeating said presenting of said intake question and said receipt receiving response input of said responses steps based on responses to previous

intake questions until a desired number of intake question responses have been received; and

generating an intake report in a preferred language of a hospital staff member responsible for further intake of said patient.

Claim 16 (previously presented): A system for intake of a patient in a hospital emergency room comprising at least one computing device associated with a waiting area of a hospital emergency room and comprising:

a touch-screen operable to receive input by allowing said patient to depress active portions along the surface of said touch-screen, said touch screen further operable to display information to said patient;

said computing device further comprising a set of headphones connected to said computing device for presenting audio output to said patient; and

wherein said computing device is configured to receive an identification of said patient and a preferred language of said patient, and further operable to present on said touch screen at least one main question and a plurality of dependent questions presented based on a response to said main question and responses to previous dependent questions, said questions presented in said preferred language of said patient, said questions pertaining to an intake procedure of said patient to said hospital, said computing device further operable to receive responses to each of said questions by touch screen input from said patient, said computing device further operable to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient;

said system further comprising an intake server for connection to said computing devices and for receiving intake reports generated thereby;

said system further comprising a plurality of treatment room clients connected to said intake server, said treatment room clients including an output device operable to present said intake reports;

said server operable to direct said intake reports to an appropriate one of said treatment room clients according to a prioritization criteria.

Claim 17 (previously presented): The system according to claim 16 wherein said device is a kiosk located in said waiting room.

Claim 18 (previously presented): The system according to claim 16 wherein said device is a wireless portable computing device operable to connect with said server via a wireless network such that a patient en route to said hospital can complete at least some of said questions prior to arrival at said hospital.

**Remarks/Arguments:**

Claims 1-18 have been rejected under 35 U.S.C. 102(e) as being anticipated by U.S. Publication No. 2002/0077865 (Sullivan, et al.). Applicant notes that in order to support a finding of anticipation the Examiner must show that Sullivan teaches every element of the claims. Section 2131 of MPEP reads, in part, as follows:

"A claim is anticipated only if each and every element as set forth in the claim is found, either expressly or inherently described, in a single prior art reference."  
*Verdegaal Bros. v. Union Oil Co. of California*, 814 F.2d 628, 631, 2 USPQ2d 1051, 1053 (Fed. Cir. 1987)"

Applicant submits that the Examiner has failed to make such a showing, and that the claim rejections are therefore improper.

Applicant's claim 1 recites, in part:

"wherein said computing device is [...] further operable to present on said touch screen at least one main question and a plurality of dependent questions presented based on a response to said main question and responses to previous dependent questions" [*emphasis added*]

An illustration of the above-emphasized portion of claim 1 is provided, for example, at block 345 of Applicant's Figure 3. Block 345 reads, "Determine next question according to context of response." Figures 7 and 8 provide further illustration – the question, "Where is your pain?" is posed in Figure 7. At paragraph [0052], Applicant describes the response to the question of Figure 7: "In the example being given, it is shown on screen 406 that the patient has selected the front abdominal area of the human body." The question, "In what

part of your belly are you feeling the pain?" follows in Figure 8. The question of Figure 8 is thus presented based on the response to the question of Figure 7.

At page 3 of the Office Action, the Examiner alleges that Sullivan's abstract and paragraph 125 disclose the above-recited features of Applicant's claim 1. The Examiner has not provided any discussion of the cited passages of Sullivan, nor has the Examiner provided any further argument in support of the rejection of claim 1 as it relates to those features. Sullivan's abstract and paragraph 125 are reproduced below for convenience:

Apparatus and a method are provided for improving the medical care of patients. The apparatus includes an input device, a medical risk database, a data processor, and a communication device. Data entered in the input device, usually by a health care professional, defines a patient data record. The medical risk database associates certain patient data entered into the data record, which increases the risk of a missed medical care opportunity, with additional medical care to address the risk. The communication device responds to the identification of patient data presenting a medical risk by communicating to a health care professional additional medical care selected to identify and take advantage of a medical care opportunity.

[0125] The system 10 records all patient reevaluations. Specifically, the system 10 records each time the RN time indicator 108 is reset, the time period between each reevaluations, and who performed the reevaluation. The system 10 then later generates a report based on this recorded information that can later be used for assessments, teaching, litigation, etc. For example, the report can be used to access whether a nurse or physician is consistently performing reevaluations beyond the allotted time period.



Applicant submits that neither of these passages are related to the above-recited features of claim 1. The abstract of Sullivan merely provides a generalized description of data entry followed by processing with a medical risk database, while paragraph 125 discusses the generation of a report based on certain recorded information.

Applicant notes that there is no mention, in either of these passages, of questions of any sort. Therefore, there cannot possibly be any suggestion of "a main question" or "a plurality of dependent questions presented based on a response to said main question and responses to previous dependent questions." Indeed, no portion of Sullivan satisfies, either expressly or inherently, presenting dependent questions based on responses to a main question and previous dependent questions. Rather, Sullivan provides fixed, unchanging templates in which all fields are presented at all times – see, for example, Figure 2 of Sullivan. There is no provision in Sullivan for dependent questions being presented based on responses to earlier questions. Instead, Figure 2 as described at paragraph [0092] shows a plurality of template sections, with each section including a plurality of queries. Neither the sections nor the queries are described as being dependent on other sections or queries, and all sections and queries are always presented in the template without any consideration of responses to previously presented questions.

The Examiner has failed to show that Sullivan teaches every element of Applicant's claim 1, and has thus not met the legal requirements for supporting an anticipation rejection. The rejection of claim 1 is therefore improper for at least the above reasons, and should be withdrawn. Claim 16 contains similar features, and is therefore also believed to be patentable for at least the above

reasons. Claims 2-7 and 17-18 depend on claims 1 and 16, respectively, and are also believed to be patentable for at least the above reasons.

Applicant's claim 8 has been amended to improve clarity and now recites, in part:

"presenting an intake question to said patient on said touch-screen;  
receiving response input from said touch screen representing a response to said intake question;  
repeating said presenting and said receiving response input steps based on responses to previous intake questions until a desired number of intake question responses have been received" *[emphasis added]*

At page 5 of the Office Action, the Examiner contends that paragraph 67 of Sullivan discloses the above-emphasized features of Applicant's claim 8.

Sullivan's paragraph 67 is reproduced below for convenience:

[0067] Another suitable input device is a text entry device. A text entry device can be a keyboard for directly entering alphanumeric characters or other information directly. A non-alphanumeric keyboard can also be used, for example, a keyboard that has programmed keys directly representing the answers to medical questions indicative of medical information. A text entry device can be a text-generating device that converts spoken or handwritten words or characters into text entries. Two examples of text generating devices are a dictation program and the stylus and tablet of a personal digital assistant. Another suitable text entry device is a scanner for reading or copying alphanumeric text, a bar code, or other indicia.

The above passage clearly has no bearing on the feature of "repeating said presenting of said intake question and receiving of said response steps based on responses to previous intake questions." Instead, it merely describes input

devices used in Sullivan's system. No mention is made of repeating the presenting of questions based on responses to previous questions, or indeed of any questions whatsoever. As with claim 1, the Examiner has thus failed to establish the legal requirements necessary to support the rejection of claim 8. The rejection is therefore improper and should be withdrawn.

Similar amendments have been made to claim 15. As claim 15 contains similar features to those of claim 8 discussed above, claim 15 is also believed to be patentable for at least the above reasons, as are claims 9-14, which depend on claim 8.


**CONCLUSION**

Applicant believes that this application is now in condition for allowance. To the extent that any issues remain to be resolved, however, applicant requests that the Examiner contact the undersigned to resolve these issues.

The Commissioner is authorized to charge the extension of time fees to the Credit Card as shown in the Credit Card Payment Form.

The Commissioner is also authorized to charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 50-3750.

Respectfully submitted,



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